
TOWN OF VIENNA — APPLICATION FOR EMPLOYMENT

127 Center Street

Vienna, Virginia 22180

(703) 255-6350

Position Applying For: _____ Announcement No.: _____

PERSONAL INFORMATION

Name: _____ Home Telephone Number: _____

Address: _____ Work Telephone Number: _____

City, State & Zip Code: _____ Social Security Number: _____

Have you ever worked before for the Town of Vienna? Yes__ No__

If yes, state date and position: _____

Have you ever applied for employment with the Town of Vienna? Yes__ No__

If yes, state date and position: _____

Do you have a valid driver's license? Yes__ No__ If yes, State: _____ Number: _____

Do you have a valid commercial driver's license? Yes__ No__ If yes, State: _____ Number: _____

Have you any relatives that currently work for the Town of Vienna? Yes__ No__

If yes, name of relative: _____

In accordance with the Immigration and Reform Act of 1986, the Town of Vienna will only employ persons legally authorized to work in the United States. State whether you are legally eligible to work in this county. (Employment is conditional on submitting proof of eligibility within 3 days of employment.) Yes__ No__

Have you ever been convicted of a criminal offense (omitting minor traffic violations and juvenile offenses)? Include convictions by general court martial in the military service. Yes__ No__

If yes, give the date, court, charge, fine and/or service: _____

NOTE: A conviction does not automatically mean you cannot be appointed. What you were convicted of and how long ago are important. State all facts so a decision can be made.

EDUCATIONAL EXPERIENCE

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 / GED / over 12

Name of School and Location	Dates From-To	Did you Graduate? Yes/No	DegreeType/Major
-----------------------------	------------------	-----------------------------	------------------

High School or GED _____

College _____

Trade/Other _____

EMPLOYMENT HISTORY

Give a complete record of your past employment, including full and part time positions, military service and internships. Start with your present or most recent position. Account for all periods of unemployment.

CURRENT POSITION

Job Title: _____ Dates Worked (List month and year) From: _____ To: _____

Employer: _____ Current Salary: _____

Address: _____ City, State and Zip: _____

Name of Supervisor: _____ Telephone Number: _____

Description of Duties: _____

Reason for Leaving: _____

PREVIOUS POSITION

Job Title: _____ Dates Worked (List month and year) From: _____ To: _____

Employer: _____ Current Salary: _____

Address: _____ City, State and Zip: _____

Name of Supervisor: _____ Telephone Number: _____

Description of Duties: _____

Reason for Leaving: _____

PREVIOUS POSITION

Job Title: _____ Dates Worked (List month and year) From: _____ To: _____

Employer: _____ Current Salary: _____

Address: _____ City, State and Zip: _____

Name of Supervisor: _____ Telephone Number: _____

Description of Duties: _____

Reason for Leaving: _____

PREVIOUS POSITION

Job Title: _____ Dates Worked (List month and year) From: _____ To: _____

Employer: _____ Current Salary: _____

Address: _____ City, State and Zip: _____

Name of Supervisor: _____ Telephone Number: _____

Description of Duties: _____

Reason for Leaving: _____

REFERENCES

List three persons not related to you, who have knowledge of your qualifications for the job for which you are applying. Do not repeat the names of supervisors listed in your employment history.

1. Name: _____ Telephone Number: _____

Address: _____ Occupation: _____

2. Name: _____ Telephone Number: _____

Address: _____ Occupation: _____

3. Name: _____ Telephone Number: _____

Address: _____ Occupation: _____

ADDITIONAL INFORMATION: SPECIAL QUALIFICATIONS AND SKILLS

List any special skills or abilities related to the position for which you are applying (i.e., foreign language capabilities, certifications, computer proficiency, professional licenses and certificates, etc.):

ADDITIONAL INFORMATION: TRAINING AND COURSE WORK

List any training, classes or course work which you have completed related to the position for which you are applying (i.e., working training programs, apprenticeships, armed forces training, etc.):

AUTHORIZATION AND RELEASE

I HEREBY AUTHORIZE the Town of Vienna, Virginia, to obtain from my present and past employers all information concerning my history with these firms.

I certify that the foregoing statements are, to the best of my knowledge, true and correct and understand that any misstatement or omission as to material fact will constitute grounds for disqualification of my application or dismissal from the employ of the Town of Vienna. I understand that should I need accommodation during the selection process, it is my responsibility to request this in advance.

I understand that I may be required to undergo substance screening tests during the recruitment process and may receive a conditional offer of employment contingent upon my passing the Town's physical examination.

Signature of Applicant: _____ Date: _____

The Town of Vienna does not discriminate on the basis of sex, race, color, religion, national origin, ancestry, age or disability in the admission or access to, or treatment or employment in, its programs or activities. The Director of Administrative Services, 127 Center Street, South, Vienna, Virginia, has been designated to coordinate compliance with non-discrimination requirements.

This document will be made available in large print or on audio cassette upon request. Call (703)255-6350 / T.D. (703)255-5722.

TOWN OF VIENNA — APPLICANT DATA FORM

The Town of Vienna, in compliance with federal law, requests (but not requires) applicants to complete the *Applicant Data Form*. Information obtained from this form is used solely for statistical reporting purposes. This page will be separated from the employment application and will not be used in any way in the Town's employment or review process.

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Job Applied for: _____ Job Announcement Number: _____

Sex: ☐ Male ☐ Female

Ethnic Origin: Select one of the following origins as defined by the Equal Employment Opportunity Commission:

☐ White: All persons having origins in any of the original people of Europe, North Africa or the Middle East. Does not include persons of hispanic origin.

☐ African-American: All persons having origins in any of the black racial groups of Africa.

☐ Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

☐ Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

☐ American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Referral Source: Select one of the following choices:

☐ Walk-In

☐ Newspaper Ad: (specify paper) _____

☐ Other (specify source) _____

☐ Job Announcement

☐ Town Employee

☐ Virginia Employment Commission